



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

2015 JAN 12

PM 12:07

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? ☐ Yes ☒ No

HAMILTON COUNTY CLERK

CLERK OF COURTS

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)

☐ Check if this is a new name

Friends to Elect Robin M. Mills Hamilton County Auditor

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 450-4042

4. Mailing Address (address where all campaign finance correspondence is received)

☐ Check if this is a new address

23015 Overdorf Rd

5. City, State, ZIP Code

Cicero IN 46034

6. Party Affiliation (if applicable)

Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

Robin M. Mills

8. Party Affiliation or If Independent Candidate

Republican

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

Hamilton County Auditor

10. County of Residence

Hamilton

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: January 1, 2014

Through: December 31, 2014

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

3631.98

14. Cash on hand and investments January 1, current year.

3631.98

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

0

0

15b. Unitemized

6.70

6.70

15c. Add lines 15a and 15b in both columns

SUBTOTAL

6.70

6.70

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

3638.68

3638.68

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

0

0

17b. Unitemized

0

0

17c. Add lines 17a and 17b in both columns

SUBTOTAL

0

0

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

3638.68

3638.68

19. Debts OWED BY the committee (use Schedule D)

190

20. Debts OWED TO the committee (use Schedule E)

0

CERTIFICATION

I, the undersigned, certify that the information furnished on this report is true and correct to the best of my knowledge and belief it is true, correct and complete.

Title

Treasurer

Date

01/12/15

Date

01/12/15

for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly
person who fails to file a complete or accurate report as required by the Indiana
) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

2015 JAN 12 PM
CLERK OF COURTS



INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
Robin M Mills 23015 Overdorf Road Cicero IN 46034		Loan	10/31/13	0	190
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 190
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					\$ 190